			ccc D	\DD	Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								1. ,					
			10/717,037										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS	40						RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	<del>                                     </del>	OB	BASIC FEE		
┝	TAL CHARGEA	BLE CLAIMS	40 minus 20=		• 20			X\$ 9=		OR	X\$18=	360	
IND	EPENDENT CL	AIMS	4 minus 3 =		*			X43=	<del> </del>	1	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT										OR		86	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=		
- 11			TOTAL	<u> </u>	OR	TOTAL	1.216						
CLAIMS AS AMENDED - PART II  10-17-05 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	17-65	CLAIMS		HIGH	EST		1		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 36	Minus	4	4 -	=		X\$ 9=		OR	X\$18=		
ME	Independent	· 3.	Minus	*** <	4	= -		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+145=			+290=		
1,14,29,37							ı	TOTAL	<u> </u>	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	<u> </u>	OR	ADDIT, FEE		
		(Column 1) CLAIMS	]	HIGH		(Column 3)	7 1		ADDI-	1 1		ADDI-	
18		REMAINING AFTER		NUMI PREVIO		PRESENT		RATE	TIONAL		RATE	TIONAL	
EN		AMENDMENT		PAID			1 1		FEE			FEE	
AMENDMENT	Total	*	Minus	**		=	$\ \cdot\ $	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	DEPENDENT CLA			$\  \ $	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+145=		OR	+290=		
TOTAL											TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		, • · ·	ADDIT. FEE		
	(Column 1) (Column CLAIMS HIGHES					(Column 5)	1 г		ADDI	1	·	400	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	П	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	] [	X43=		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
**	f the 'Highest Nur	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE &	tess tha	n 20, enter *20.	• •	TOTAL ODIT, FEE	·	OR	TOTAL ADDIT. FEE		
		ber Previously Pai					er fou	nd in the app	propriate bo	in col	umń 1.	l	